



News & Views

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Going for the Gold

New Centers of Excellence Focus on Translational Medicine

“THE OLYMPICS REMAIN THE MOST COMPELLING SEARCH FOR excellence in sport,” once noted Dawn Fraser, a four-time gold medalist and swimming champion. In this Olympic year, NYU Langone Medical Center is embarking on its own quest for world-class quality, and the ambitiousness of its plan leaves no doubt that NYU is going for the gold.

The six new Centers of Excellence, announced in September, represent areas recognized as some of NYU’s greatest strengths: addiction, Alzheimer’s disease and related disorders, multiple sclerosis, skin cancer, urological diseases, and musculoskeletal diseases.

These centers without walls (*see page 8*) unite some of the institution’s most outstanding basic scientists and clinical researchers — more than 250 in all — with the goal of fostering new ideas, discoveries, and breakthroughs. By creating focused, integrated teams of experts from various fields who share similar goals, NYU Langone is taking a major step forward in its commitment to translational medicine, which seeks to streamline and accelerate the development and delivery of new treatments, improved diagnostics, and disease-prevention strategies to patients.

While research at the Medical Center has traditionally included collaborative, multidisciplinary efforts, these centers are expected to bring synergy to a new level. By marshaling expertise in various disciplines, consolidating resources, and stimulating cross-pollination of ideas, NYU hopes to enhance the productivity of its research and the quality of its patient care.

Conceived over a year ago, the Centers of Excellence began as proposals from more than 75 groups of scientists throughout the Medical Center and the University, submitted in response to a call from Robert I. Grossman, M.D., Dean and CEO, and Vivian S. Lee, M.D., Ph.D., M.B.A., vice dean for science and chief scientific officer. The selection process was guided by several key criteria, among them: proven leadership, outstanding national and international reputations, potential impact on society, evidence of existing interdisciplinary collaboration, substantial ongoing extramural funding with serious growth potential, and benefit to the institution as a whole.

“The centers are devoted to areas of study that address some of today’s most pressing health challenges,” noted Dr. Lee. “Each is associated with an outstanding clinical program that will ensure that translation can truly be a two-way street, where pressing clinical questions influence research directions and new discoveries rapidly benefit patients and the community.”

Collectively, the centers will receive \$15 million in funding from the Medical Center over the next three years, thanks in part to generous support from Board members Thomas S. Murphy and Fiona Druckenmiller.

“We believe that our Centers of Excellence will have a transformative effect on the productivity of our research and the quality of our patient care,” said Dr. Grossman. “These are key steps in our plan to become a world-class academic medical center.”

Dean & CEO Robert Grossman, M.D., and Vice Dean for Science Vivian Lee, M.D., Ph.D., M.B.A. (fourth and fifth from left), flanked by directors of the new Centers of Excellence (from left to right): Steven Abramson, M.D., Joseph Zuckerman, M.D. (Musculoskeletal Disease); Ralph Nixon, M.D., Ph.D. (Brain Aging and Dementia); James Salzer, M.D., Ph.D., Joseph Herbert, M.D. (Multiple Sclerosis); John Rotrosen, M.D. (Addiction); Seth Orlow, M.D., Ph.D. (Cancers of the Skin); Xue-Ru Wu, M.D., Tung-Tien (Henry) Sun, Ph.D., Herbert Lepor, M.D. (Urologic Disease)

SIX RESEARCH AREAS TAKE “CENTER” STAGE

ADDICTION DIRECTOR: John Rotrosen, M.D., professor of psychiatry (VA New York Harbor Healthcare System) The center treats addictions of all kinds, from dependence on illicit and prescribed drugs, alcohol, and tobacco, to such behaviors as gambling, eating disorders, and sexual risk-taking. With investigations ranging from basic neuroscience to population health, its goals include improving prevention, diagnosis, and treatment to reduce the burden of addiction on the community.

BRAIN AGING AND DEMENTIA DIRECTOR:

Ralph Nixon, M.D., Ph.D., professor of psychiatry and cell biology / vice chairman of research, Department of Psychiatry / director of Silberstein Institute for Aging and Dementia The center is devoted to research on brain aging, cognitive decline, and clinical advances toward the early diagnosis, treatment, and prevention of Alzheimer’s disease and other neurodegenerative disorders affecting cognition. The center provides multidisciplinary evaluation and clinical care, with access to the most advanced options for early diagnosis, treatment, and psychosocial support.

CANCERS OF THE SKIN DIRECTOR: Seth Orlow, M.D., Ph.D., Samuel Weinberg Professor of Pediatric Dermatology and chairman of Dermatology, professor of cell biology and pediatrics The center concentrates on developing new ways to prevent, diagnose, and treat skin cancers, the most common form of cancer in the U.S. It offers patients unprecedented levels of scientific attention tailored to specific conditions, as well as unique therapeutic protocols developed at NYU. (continued on page 7)



FROM THE DEAN & CEO



Robert I. Grossman, M.D.

In Pursuit of Excellence

Just over a year ago, I announced that NYU Langone Medical Center would embark on a bold strategic plan to ensure that we soon take our rightful place among the world’s very best academic medical centers and research institutions. The creation of six new Centers of Excellence dedicated to translational medicine represents a major step toward achieving that goal. It also reflects our Medical Center at its best and most creative. Think about it: some 260 of our finest basic

scientists and clinical researchers collaborating on an unprecedented level to accelerate the transfer of scientific discovery to patient benefit. And there are more of these centers on the way.

In these Centers of Excellence, our three missions converge, bringing together world-class research, advanced diagnostics and treatments for patients, and a rich environment for educating the next generation of researchers and physicians. These hubs of expertise — essentially, think tanks with a mission — have been made possible, in large part, by donations from Trustees Thomas S. Murphy and Fiona Druckenmiller. Such extraordinary generosity — in spite of our troubled economy — is heartening to me during these unsettling times.

This year NYU Langone has raised more money than any other academic medical center in the country. Our Chairman of the Board, Ken Langone, and his wife, Elaine, set the tone last spring with their wonderfully magnanimous contribution of \$200 million to help us “build our dream.” The Langone gift and others will enable the Medical Center to undertake an ambitious campus transformation that will reshape the institution through a series of major new constructions, renovations, expansions, and satellite facilities.

There was more good news. For the second time, NYU Langone Medical Center was recognized by the Leapfrog Group in its annual hospital survey of quality and safety. We’re one of only 26 hospitals in the nation — and the only one in New York State — on the list. Patient care has long been an area of excellence at NYU, and this honor gives us one more reason to be proud. Our Ready Resolve Program (featured below) just celebrated its first anniversary, and an upcoming issue of News & Views will describe a host of other innovative programs designed to further enhance patient safety and satisfaction.

Congratulations to everyone who contributed to our success in these areas, and thank you for your dedication and hard work. Excellence on the scope and scale we’re striving for will require a great deal from all of us, so it’s gratifying to see and feel such a shared sense of passion and commitment.

Robert I. Grossman

NEWS ROUNDUP

NYU RANKED IN THE TOP 26 HOSPITALS NATIONWIDE BY QUALITY AND SAFETY SURVEY

NYU Langone Medical Center is among 26 hospitals that have been named Top Hospitals in 2008, based on results of a survey by the Leapfrog Group, a business consortium dedicated to improving hospital quality and safety. NYU was the only hospital in New York State to be recognized by the organization.

The voluntary survey is the nation’s premier hospital evaluation tool, providing consumers and healthcare purchasers with up-to-date assessments of 1,220 participating hospitals. The Leapfrog Hospital Quality and Safety Survey is the only national survey that provides such a full assessment of a hospital’s quality and safety. The survey asked participants about their performance in four crucial areas: computerized physician ordering systems, ICU physician staffing, performance in high-risk procedures, and prevention of medical errors.

The Leapfrog Group was founded in 2000 by the Business Roundtable and is supported by its members, the Robert Wood Johnson Foundation, The Commonwealth Fund, the Agency for Healthcare Research and Quality, and other sources. A 1999 report by the Institute of Medicine gave the Leapfrog founders an initial focus: reducing preventable medical mistakes. The report had found that up to 98,000 Americans die every year from preventable medical errors made in hospitals alone. The report recommended that large employers provide more market reinforcement for the quality and safety of healthcare. Leapfrog’s founders realized that they could take “leaps” forward with their employees, retirees, and families by rewarding hospitals that implement significant improvements in quality and safety.

Leapfrog encourages continual improvement in hospital quality and safety, and each year raises the bar on what’s required to become a Top Hospital. For results of the 2008 survey, visit leapfroggroup.org.



Doctored Drawings

An On-Campus Exhibit Shows That in the Hands of Dr. Mark Podwal, the Pen Is Mightier Than the Scalpel

They are deceptively simple images, starkly rendered with thick black lines, sometimes a frenetic jumble of scribbles. Yet they convey complex concepts and provide wry commentary on the state of modern medicine and healthcare. Whether whimsical or dark, the drawings of Mark Podwal, M.D. (’70), clinical associate professor of dermatology, are unfailingly clever, ironic, and biting.

For more than three decades, they have been featured on the op-ed page of *The New York Times*, where they’ve provided searing insights into the most momentous political events and the most important public health issues of our time. Now, some two dozen of Dr. Podwal’s favorite sketches will be on display in the Smilow Gallery from October 24 through November 20.

Entitled “Doctored Drawings,” the exhibition is the second in what curator Michelle Karell of the Ehrman Medical Library hopes will be a long line of displays at the Smilow Gallery to explore the intersection of medicine and art. In the drawing HMO Provider, a voodoo-doll doctor is attacked by syringes. Health Costs depicts a price tag under a microscope. Second Opinion shows one stethoscope listening to another. “He certainly gets his ideas across in a strong visual way,” notes Karell. As the renowned literary critic Harold Bloom puts it, Dr. Podwal is “an illuminator.”

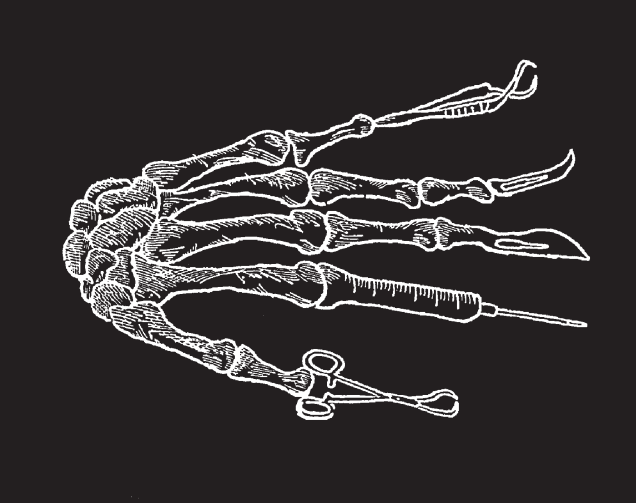
The exhibit, cosponsored by the Friends of the Library, was inspired by and drawn from a book by the same title. Dr. Podwal’s 10th collection, it was published last year by the Bellevue Literary Press (blpress.org). “When Mark came to us with his drawings,” says Erika Goldman, its editorial director, “we saw them as a wonderful opportunity to

express our mission in a way we hadn’t before — through illustrations of the body as a medical specimen, and of the important issues of modern healthcare.” When the book was published, historian and author David McCullough wrote: “*Doctored Drawings* is plain brilliant! Podwal is like no one else that I know of, and his work will withstand the test of time.”

In 1999, Dr. Podwal was awarded a silver medal from the Society of Illustrators for his collaboration with Elie Wiesel on the children’s book *King Solomon and His Magic Ring*. His drawings are part of the permanent collections of the Metropolitan Museum of Art and the Library of Congress.

“Because I missed the first few days of kindergarten,” recalls Dr. Podwal, “my name was not on the class roster. When my teacher read out the class list, as she did each morning, my name was never called. It was not until my teacher noticed a drawing of a train I had made that she asked, ‘Who are you?’ And so it seemed to me, at the age of five, that my existence depended on my drawing.”

“First do no harm.”



The Fine Art of Troubleshooting “Ready Resolve” Is Set to Go into a Second Successful Year

The patient, an elderly man in Tisch Hospital’s inpatient cardiology unit, was not his usual spry self, and with his energy so low, his wife explained, he was having a hard time eating standard hospital fare. What he really had a craving for was spaghetti and meatballs, but it wasn’t on that day’s menu. Nevertheless, for the next three nights he was treated to his favorite dish.

The special meals were arranged by a Medical Center employee who volunteers for Ready Resolve, a patient satisfaction initiative that celebrated its one-year anniversary in August. Through bedside interviews with patients, more than 70 Ready Resolvers assess patient satisfaction with common nonclinical matters: Is the television working? How’s the temperature, cleanliness, and noise level in the room? Any issues with the food? If there’s a problem, the resolver works to

remedy it, usually within two hours.

The program is the brainchild of NYU Hospital for Joint Diseases, which launched it more than two years ago. When administrators there began to see a significant rise in patient satisfaction scores, Tisch’s leadership wanted to learn their secret. It turned out to be Ready Resolve. Today, the program extends to all eight patient units at NYUHJD and seven units at Tisch. Resolvers come from all levels and departments of the Medical Center. For many, this is their only direct

contact with patients.

“The program has been extremely helpful in addressing issues that may seem small but mean a great deal to patients,” says Acieta Small, R.N., a nurse manager on one of the units. And it’s not just the patients who benefit. “Having the resolver address these issues allows us to focus on clinical and critical issues,” she adds. “The resolver communicates the issues to the nurse manager, so I can follow up with the patient if needed.”

Other hospitals have taken notice. The CEO of one Boston medical

center praised the concept in a story on his personal website. Several other institutions have called to learn more about the initiative.

“The program is making a difference,” notes Amy Horrocks, vice president for medical services. “We’ve seen upticks in our patient satisfaction scores, specifically on the measures resolvers focus on. The program has also shed light on some of the underlying causes of the problems, and we’ve been able to address those by working with other departments, such as facilities, building

services, food and nutrition services, and of course, nursing.”

Many resolvers see the program as an opportunity to contribute to patient-centered care. Shelley Cohen, a speech pathologist, volunteers more than an hour a day — at the end of her workday — for one week every two months. “Providing an extra blanket, getting earplugs — it’s the little acts of kindness that can make a big difference for someone who’s feeling just plain lousy.”

For more information, call 212-263-5500.



Dr. Silvia Priori at the University of Pavia, where she established the world's largest cardiac genetics laboratory, database, and clinic — now a partner of NYU Langone Medical Center.

Unlocking the Mysteries of Sudden Cardiac Death

A New Program in Cardiovascular Molecular Genetics — The First in New York City and the Most Comprehensive in America

The human heart beats about 100,000 times a day, and the electrical system that fires each beat can be disrupted by a single defective gene, causing potentially fatal cardiac arrhythmias. Many people with such a genetic defect are unaware that they are at risk for sudden cardiac death (SCD) — their hearts are normal in size and contractility. The problem is in something that can't be seen: the channels that control the flow of calcium, sodium, and potassium ions in cardiac cells. Even a minor change in the function of these channels can cause major electrical abnormalities.

Every year, 450,000 Americans die of SCD. While the incidence of disease caused by inherited ion-channel mutations is relatively rare (fewer than 5 in 10,000 people), the effects can be devastating. Diseases such as long QT syndrome (LQTS) are the most common cause of cardiac death in people under age 40 and can affect entire families.

Hoping to find and treat those at risk, NYU is establishing the most comprehensive program in cardiovascular molecular genetics in the United States and the first program of its kind in New York City. The NYU Cardiovascular Genetics Program will offer screening, counseling, and treatment to patients who may be at risk for inherited ion-channel diseases that can trigger SCD, as well as other genetic diseases that cause arrhythmias.

The new program is headed by Silvia G. Priori, M.D., Ph.D., who established the world's largest cardiac genetics laboratory, database, and clinic at the University of Pavia in Italy, which will partner with NYU. Patients with unexplained arrhythmias are referred to the Pavia clinic from all over the world. After a careful clinical evaluation, their DNA is screened for ion-channel mutations; for every three people evaluated, one may be at risk for SCD.

"We have often found new mutations," says Dr. Priori. "To clarify whether the mutation causes the suspected disease, our lab produces the abnormal protein in cultured cells and assesses its function. The importance of using molecular genetics in the clinic is supported by recent evidence that knowing the properties of specific mutations can aid in risk stratification and help tailor individual therapy."

"Dr. Priori will coordinate all of the advanced cardiovascular genetics and genomic studies being conducted at NYU," explains Glenn I. Fishman, M.D., director of the Leon H. Charney Division of Cardiology and an expert in ion-channel biology. "She will expand our laboratory program with the creation of new cellular and animal models of ion-channel diseases. At the same time, we will also establish clinical facilities to counsel and treat patients and families at risk for inherited diseases, as well as heritable cardiomyopathies that can also lead to SCD."

The program could not come soon enough for 36-year-old Sally James (not her real name) and her family. SCD claimed her mother at 34, and James feared the same fate when she began to experience irregular heartbeats. She consulted Larry A. Chinitz, M.D., director of Cardiac Electrophysiology and Invasive Cardiology. Her family history was clarified, and James was found to have arrhythmias. A cardiac defibrillator was implanted as a preventive measure. James now has 3-year-old twin boys. "I would definitely want to be tested and have my children tested," she says. "I now know that heart problems run in both sides of my family. So if there's a defective gene in my family, I want to know about it."

Molecular genetic research will drive individualized clinical treatment. The new program will also establish biological "banks" to help define the genetic traits that predispose to cardiac electrical abnormalities. The hope is to have molecular markers that enable patients to be risk stratified. "There would be nothing more spectacular than identifying a robust genetic indicator of risk of sudden cardiac death so that we could target prophylactic therapies," says Dr. Chinitz.

Dr. Priori has her sights set even higher. "The final frontier," she says, "is to develop gene-specific therapies — drugs, biological proteins, or even genes that specifically correct genetic defects."

A MOST ELUSIVE DIAGNOSIS

Q&A with Autism Expert Catherine Lord, Ph.D.

Autism has made headlines a lot lately, most recently when radio talk show host Michael Savage created a firestorm with his on-air assertion that 99 percent of children diagnosed with the disability are simply "brats." Catherine Lord, Ph.D., a world-renowned expert on autism, recently joined the NYU Child Study Center as a visiting professor of child and adolescent psychiatry and interim director of its Asperger Institute. A clinical child psychologist whose research focuses on autism spectrum disorders (ASD), Dr. Lord is on sabbatical from the University of Michigan, where she serves as director of the Autism and Communication Disorders Center. She recently shared her experience and expertise with News & Views on several aspects of this controversial topic.

WHAT CAUSES AUTISM?

There's certainly a strong genetic component in some, or perhaps all, cases. From studies of identical twins, we know that if one has autism, the chances of the other having similar difficulties become very high. There's been a huge effort to identify which genes are involved or what the loci are on chromosomes that may be associated with autism. We have leads, but nothing that accounts for very many cases. Many believe there must be something in the environment that is interacting with the genetics to result in autism or ASD, but there really aren't any good hypotheses that have stood up to minimal scientific standards about what this would be.

IS IT REALLY AN EPIDEMIC?

Many scientists feel strongly that there isn't an increase in prevalence — that what is reported as more cases, predominantly in school systems, can be attributed to better identification and a broader definition

of autism. However, there are clearly more kids and adults being identified with ASD. These are not just people who are a little bit unusual, but children and adults who need services. From that point of view, the larger numbers are very real, and we need information about them.

IS AUTISM OFTEN MISDIAGNOSED?

In my experience, it's underdiagnosed. It's very common in clinics that work with kids who have ASD to get referrals of kids at 7 or 10 years old, or even young adults, who have had every diagnosis known to mankind except ASD. Where I think ASDs get overdiagnosed is perhaps Asperger Syndrome, a term that's not very well defined. In some states, much better services are available to kids with autism, so there's some pressure to use the label for that reason.

DO ANY TREATMENTS WORK?

Many treatments can successfully improve learning and specific behaviors. For many children, behavioral approaches are appropriate, but it's also important to make things more predictable, ensure that social contacts are positive and meaningful, give families confidence and competence, and get kids into as rich an environment as they can tolerate. The quality of life we can hope for is very different from what was possible 30 years ago. There's much more reason today to expect that many people with ASD will be employed and relatively independent.

To be sure, some major stumbling blocks still remain: how to help children and adults with ASD acquire the social skills and experience they need to develop relationships, and the fact that while we can improve cognitive and language skills, we can't make intellectual disabilities go away completely. But many other aspects of life can be improved dramatically.

BUDDING SCIENTISTS

By Giving Disadvantaged High School Students a Taste of Medicine, NYU Hopes They'll Acquire an Appetite for Success

"I got really dizzy from the formaldehyde in the anatomy lab," says Violet Fermin, a junior at Brooklyn Tech. Then again, perhaps her head was spinning for a different reason. Violet was one of 22 high school students who participated in NYU's High School Fellows Program this summer. As part of an intensive six-week course that provides hands-on clinical and research experience, the youngsters observed cardiovascular surgeries and autopsies, handled dissected organs, implemented community health projects, and shadowed preceptors in their daily work environments. For teenagers, it was a pretty heady experience.

The academic enrichment program, launched in 1987, exposes bright, motivated juniors and seniors to medical school subjects, helps prepare them for the rigors of medical training, and encourages them to be catalysts for social and health-related change in their communities. Many of the fellows are

immigrant or first-generation students, often from disadvantaged backgrounds, who may be the first in their families to seek higher education.

Alumni of the program have graduated from some of the most prestigious universities in the country, including Dartmouth, Columbia, Cornell, NYU, and the University of Pennsylvania. Carlos Restrepo, the program's director, attributes this success to the summer projects, as well as those during the academic year, such as SAT preparation and college guidance. The High School Fellows Program is part of NYU School of Medicine's Programs for Preparatory Education in Science and

Medicine, which include middle school and college programs.

"With this program, I experience things you wouldn't find in a textbook," says Carlene Gonzalez from Preston High School in the Bronx. "I find myself appreciating life a bit more."

Gisel Bello, a rising senior at Frederick Douglass Academy in the Bronx, was one of 22 students who participated in NYU's High School Fellows Program this summer. In the background is Fred Geisenheimer, a Rusk patient who enjoys horticulture therapy.



AT NYUHJD’S SELIGMAN CENTER, TARGET PRACTICE MAKES PERFECT

Seven years ago, 57-year-old Geri Cantello was convinced she would never walk again. During flare-ups of her rheumatoid arthritis — an autoimmune disease that attacks the joints and certain organs, such as the skin and lungs — she was wheelchair bound and could barely dress herself or find the strength to pick up a bag of flour. “I had completely given up hope,” she says. “I couldn’t do anything myself. I was convinced it was the end of the road.”

Then she came to the Seligman Center for Advanced Therapeutics at NYU Hospital for Joint Diseases. The center focuses on treating autoimmune diseases, including osteoarthritis, rheumatoid arthritis, psoriatic arthritis, osteoporosis, lupus, and Behçet’s syndrome. In the spring of 2003, her physician enrolled her in a clinical trial for abatacept, a drug that was believed to help slow the progression of her disease. Eight months later, Cantello started walking again.

To some degree, doctors attribute her remarkable recovery to the drug that — for her, at least — was a magic bullet. But Cantello’s comeback may have also been possible because of the kind of “target practice” that the Seligman Center is known for: a methodology that has been shown to help track and improve patient progress.

Two years ago, the center started asking all of its patients to complete the kind of detailed questionnaire that was given to Cantello as part of the clinical trial she was enrolled in. It contains 13 multipart questions that ask patients, for example, to rate

their pain and fatigue on a scale from 0 to 10. The physician evaluates the different measures, adds up their total, and discusses the results with the patient. If the final score is above a certain threshold number, the doctor offers the option of more aggressive treatment.

“A cardiologist can tell how a patient is doing by measuring his or her blood pressure,” says Yusuf Yazici, M.D., director of the Seligman Center. “Rheumatology has no such single measure. The questionnaires we’ve developed provide us with a target to treat toward. As a result, our patients have the chance for better outcomes — less surgeries, longer life expectancies, and a better overall quality of life.”

Other institutions use a similar methodology for select diseases or clinical trials, but the Seligman Center takes this approach one step further, applying it as a

standard of care for all patients. That’s difficult to do with conditions like rheumatoid arthritis because, unlike high blood pressure or diabetes, the disease doesn’t have defined single measures that can be used for every patient.

The results of each questionnaire are entered into a database so that not only the physician can follow the progression of the disease, but the patient as well. “Patients who have a chronic illness often don’t realize how their health is progressing from visit to visit,” notes Ranit Shriky, the center’s director of research and development. “They get used to their pain or don’t really pay attention. “When the doctor shows a patient a graph of their progress at the end of a year, for example, it helps the patient realize how bad things really are — or how much they have improved. It opens up their eyes and, hopefully, empowers them to participate in their own care.”

It opened up not only Cantello’s eyes, but also her life. Every year, she says, she felt better than the one before. Cantello’s doctor can still remember the joyous look on her face when she saw with her own eyes that her pain levels had dramatically decreased over time. “When you have a chronic disease,” she says, “perception is everything. Those questionnaires made me realize that after years and years of getting worse, I was finally getting better. I owe them so much — and I owe the Seligman Center everything.”

For more information, call 212-844-0223, or visit med.nyu.edu/medicine/rheumatology.

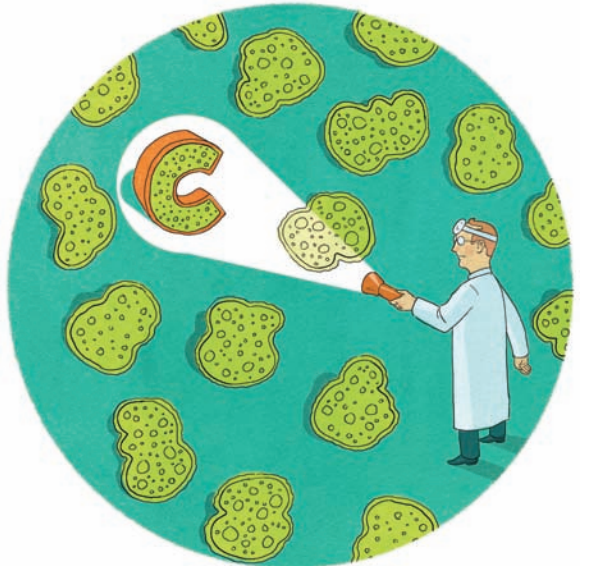
TO COMBAT PROSTATE CANCER, A NEW BIOPSY DEVICE HELPS MAP UNCHARTED TERRITORY

Some 200,000 American men will be diagnosed with prostate cancer this year, making it the most common male malignancy after skin cancer. Thanks to widespread PSA testing, 90 percent of these cases will have been detected early enough to be cured, but despite ongoing refinements in treatment, both surgical removal and irradiation of the prostate can leave men incontinent and/or impotent.

These devastating side effects may one day be avoidable, however, if a new treatment fulfils its promise. In focal therapy (also known as a “male lumpectomy”), small areas of cancerous tissue are targeted and destroyed using ablative techniques such as freezing, insertion of radioactive seeds, or bombardment with high-intensity focal ultrasound. This spares the rest of the prostate and largely eliminates the risk of life-altering side effects.

One of the best hopes for making focal therapy a reality is TargetScan, a new biopsy device currently being evaluated at NYU. In a standard biopsy of the prostate, the urologist scans the organ with a handheld

ultrasound probe while manipulating a needle with the other hand. TargetScan replaces both of these devices. Instead of a handheld scanner, a machine-mounted version produces a three-dimensional image of the prostate. The device is guided by a computerized template created by studying maps of the most likely



A HIP IDEA REVOLUTIONIZES A STANDARD SURGICAL APPROACH

Jennie Fernandez is a peppy 89. The onetime World War II defense plant worker and widowed mother of four was in trim shape and still cleaning her own house, doing her laundry, and going grocery shopping. But through it all, she was in excruciating pain.

“I’d developed arthritis in my left hip,” says Fernandez. Over the years, the thin, smooth cartilage that cushions the round head of the femur in the pelvic socket, allowing easy motion, had degenerated so badly that bone was grinding against bone. “The pain was like a sword going through me,” she recalls. “It was there all the time. My doctor told me: ‘Jennie, you’re in the market for a good new hip.’”

Her search brought her to Roy Davidovitch, M.D., head of the New York Hip Center at NYU Hospital for Joint Diseases. Dr. Davidovitch is one of a small number of orthopaedic surgeons in the United States skilled in using an innovative, minimally invasive approach to hip replacement surgery. Developed in France half a century ago by Robert Judet, M.D., one of the pioneers of modern orthopaedic surgery, the technique was introduced to American surgeons just a decade ago by Joel Matta, M.D., of Santa Monica, California, and is slowly gaining popularity.

Dr. Davidovitch, who trained under Dr. Matta, explained to Fernandez that the new technique has several advantages: rapid recovery, decreased pain, and superior stability of the hip, which lowers the risk of dislocation. “The newer technique cuts the time in hospital — for the operation and physical therapy — by about half, from an average

of four days to two,” says Dr. Davidovitch. “Patients have been able to walk unassisted within four days of the surgery, and most can abandon their cane after two to three weeks.”

What makes the difference? It’s the way doctors get to the hip joint. In the standard procedure, surgeons approach the joint through a long incision made in the patient’s side or back, cutting through muscles and tendons that stabilize the joint and allow it to rotate. In the newer, anterior hip replacement surgery, they make a small incision (about four to five inches long) in the front of the body and follow a natural groove between muscles to reach the joint, leaving muscles and tendons intact. A special operating room table specifically designed for the anterior hip replacement facilitates the procedure. The rest of the operation is the same: surgeons cut off the head and neck of the femur, ream and shape the pelvic socket, and guided by

X-rays, insert an artificial new head into the femur, positioning it to rotate comfortably in the socket.

Because muscles aren’t disturbed, there’s less pain, the hip remains stable, the leg lengths are equal, and patients can resume normal activities relatively quickly. With the traditional surgery, patients are normally told not to flex their hips beyond 90 degrees for two months or more, making it difficult for them to perform even routine motions like getting in and out of a car or sitting on the toilet. But no such restrictions are placed on patients who undergo the anterior hip replacement.

After hearing all of her options, says Jennie Fernandez, “I went for the new technique. I was through with rehab and out of the hospital in just a few days. I’ve got no restrictions. I bend any way I want. And I’ve got no pain.”

For more information, call 212-598-6222.

locations of prostate cancer. These maps were generated through analysis of hundreds of surgically removed cancerous prostates. The device automatically extracts cores of tissue in a pattern that maximizes the chances of detecting malignant cells, while recording the exact locations from which the samples were drawn.

“How much TargetScan improves a doctor’s diagnostic ability will depend on how good he or she is at doing biopsies with the freehand technique,” notes Samir Taneja, M.D., the study’s lead investigator, director of the Division of Urologic Oncology in the Department of Urology. “By employing a uniform technique, it equalizes detection rates among practitioners with different skill levels. This should reduce the need for second and third biopsies once it comes into general use.”

An even more important advantage of the device is its ability to help doctors chart the location of cancerous tissue, explains Dr. Taneja. “I think the big benefit of TargetScan will be in staging and mapping cancers, not detection,” he says. “This is extremely relevant to the next generation of treatment: focal therapy.”

Because PSA testing is now catching many cases of prostate cancer in their earliest stages, when cancerous growths are too minuscule to detect with conventional imaging, focal therapy is becoming more feasible than ever — provided there’s a way to locate the growths. “I think the mapping and targeting ability of TargetScan can fill this need,” says Dr. Taneja. “We just have to understand how to use it.”

TargetScan is already being used to guide seed implants and radiation therapy. Next, doctors need to learn how to link ablative technologies to the map created by the device — an application Dr. Taneja expects within the year — and to decide how to select candidates for focal ablative treatments. “At NYU, we’ve also begun to develop methods to link the TargetScan image to MRI scans,” adds Dr. Taneja, “which should further improve targeting and diagnosis.”

Three Cheers for Dr. Bloom

A Good Physician Becomes a Good Samaritan

Tuesday, July 1, was a lovely summer evening, and Dr. Marc Bloom was dining at a sidewalk table at Vicino Firenze on the Upper East Side. Just as he was dipping a fork into mussels, a woman came running down the street yelling for a doctor. Dr. Bloom quickly followed her to Firenze, a sister restaurant nearby. In the back room, he saw two men struggling to perform the Heimlich maneuver on a large woman, who was unconscious and turning deep blue.

“Judging from her color,” says Dr. Bloom, “it was obvious to me that she would be dead in a minute or two, if she wasn’t already.” Dr. Bloom, an anesthesiologist, is director of NYU’s Neuroanesthesia Program and director of Perioperative Technology. Keenly aware that the procedure was not working, he asked the men to lay the woman down on the floor so that he could try to clear her airway.

Dr. Bloom began CPR, but after a few thrusts he realized that there was little air left to expel. When he tried to open her clenched teeth, they clamped down on his knuckle, a painful but welcome sign that she was still alive. Propping her mouth open with a tablespoon, he reached into her throat and felt a big lump. Just as he was rotating the spoon sideways to permit room to maneuver inside her mouth, an emergency medical technician (EMT) arrived.

Unaware of Dr. Bloom’s credentials, the EMT asked him to step aside so that he could insert a laryngoscope and forceps. Discovering a pinkish mass, the EMT was not certain whether it was the woman’s tongue or a

piece of meat, so he paused to consider his options. If it were her tongue and he tried to yank on it, he might well make the situation worse because of the amount of blood that would gush out, possibly choking her in a different way.

With time running out, Dr. Bloom reinserted the spoon and reached all the way down into the woman’s throat with his index and middle fingers. Realizing that the mass was actually a chunk of meat — a very rare piece of filet mignon — he dislodged it. “As an anesthesiologist, I’m in people’s throats every day,” he says, “so I could tell that it wasn’t her tongue that I was feeling.”

Immediately, the woman began to breathe and move around. As the EMT hooked her up to a monitor, she began to regain consciousness — dazed and embarrassed, but glad to be alive. As Dr. Bloom stood up, the crowd of patrons and onlookers began to cheer and applaud. When he emerged from the men’s room, where he had retreated to wash his hands, another round of applause broke out.

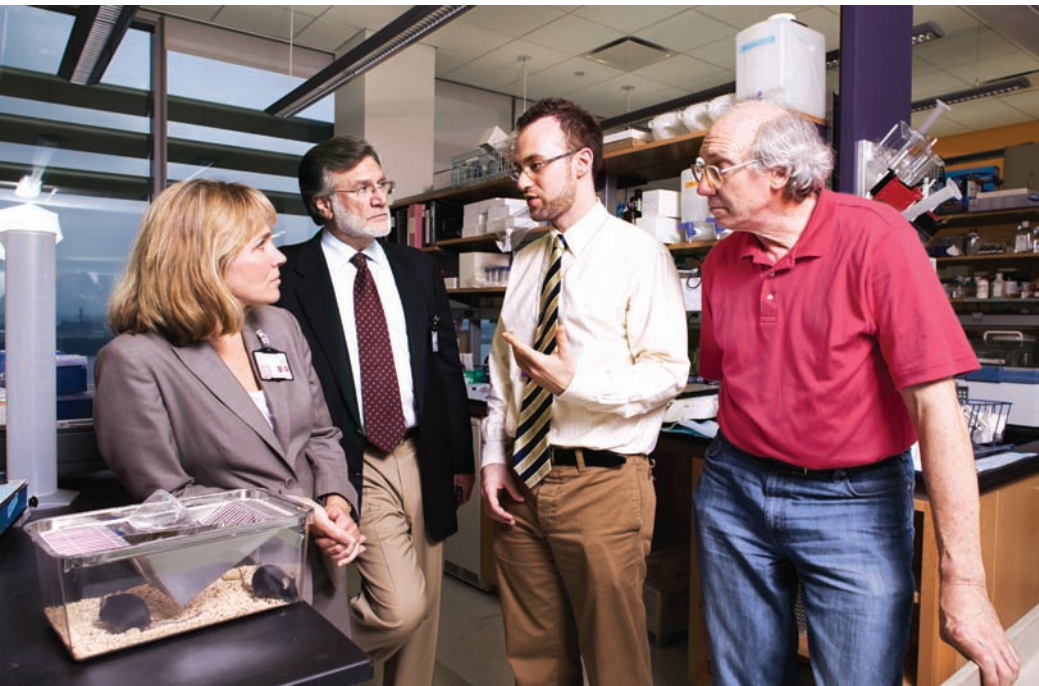
After filing his report with the EMT, Dr. Bloom, who has assisted in his fair share of medical rescues over the years, stepped out onto Second Avenue, where a crowd had gathered to find out why two ambulances and a fire truck were outside the restaurant. Word of his heroic efforts had quickly spread, and the applause continued as Dr. Bloom made his way back to Vicino Firenze. There, the proprietor of both restaurants treated him to dinner and broke out a bottle of champagne.

They did all the right things,” Dr. Bloom says of those who tried to help the woman. “They tried the Heimlich, and they called 911. No one but an anesthesiologist would have dared to do what I did.”



For all the high-tech tools of his trade, it was a spoon that enabled Anesthesiologist Marc Bloom, M.D., to save the life of a choking restaurant patron.

GRANTS & GIFTS



Joshua Lader (’09), awarded a \$5,000 research fellowship from Alpha Omega Alpha, the national medical honor society, explains his work on atrial arrhythmias to (left to right) Dr. Lynn Buckvar-Keltz, associate dean for student affairs; Dr. Steven Abramson, vice dean for education, faculty, and academic affairs; and Dr. Mel Rosenfeld, associate dean for curriculum. Lader will use funds from the award to import a strain of genetically altered mice from Japan.

TO AOA, MEDICAL STUDENT’S RESEARCH IS A-OK

For someone who hasn’t even graduated from medical school yet, Joshua Lader (’09) has racked up a fair share of honors. To name just a few: a grant in cardiovascular research from the New York Academy of Medicine, a research fellowship from the American Heart Association, and now, another research fellowship from Alpha Omega Alpha (AOA), the national medical honor society. It’s a trend that began when Lader was an undergraduate at New York University, where this Presidential Honors Scholarship

recipient was recognized by another national honor society, Phi Beta Kappa. His most recent award, the Carolyn L. Kuckein Student Research Fellowship, is conferred annually by AOA to encourage and support student research. It comes with a \$5,000 gift for a proposed project and \$1,000 in reimbursement funds for travel to a national meeting to present results. Lader, who is considering a career in cardiac electrophysiology, is studying a particular

potassium channel linking atrial fibrillation to hypertension. Atrial fibrillation, the most common cardiac arrhythmia, is a leading cause of strokes. “I’m very proud of his accomplishments,” says Lader’s mentor, Gregory Morley, Ph.D., assistant professor of medicine. “He has been in the lab since his first year, and his work in developing mouse models has led to new insights into the mechanisms of atrial arrhythmias.”

A Gift of Thanks for the Gift of Life

When nine-year-old Cynthia Manley began showing symptoms of a brain tumor in the late 1970s, imaging technology was still in its infancy. As a result, her symptoms went undiagnosed for the next five years, during which the tumor had grown significantly. It was Jeffrey Allen, M.D., currently director of the Division of Pediatric Neuro-oncology at NYU Langone Medical Center, who diagnosed and successfully treated Cynthia when he was at another hospital.

Edward and Maya Manley are not only grateful to Dr. Allen for giving their daughter a new chance at life, but for the deep compassion he showed the entire family throughout their ordeal. “We’ve worked with him from day one,” says Edward. “He’s such a dedicated doctor for the children — a human being with a lot of empathy.”

When their daughter was ill, the Manleys were struck by the lack of support at that time for families going through similar tragedies. “You would go to the end of the world to make that baby well,” explains Maya, “but you’re so powerless.”

They felt the need to make a difference, to do something empowering on behalf of children suffering from brain cancer. So the couple, who already support brain tumor research and various programs at the Stephen D. Hassenfeld Children’s Center for Cancer and Blood Disorders, made a decision. Thanks to a generous gift from the estate of Marguerite Manley, Edward’s mother, the Making Headway Foundation this summer donated \$2.5 million to endow the Otto and Marguerite Manley and Making Headway Foundation Professorship in Pediatric Neuro-oncology.

Edward and Maya are the cofounders of Making Headway Foundation (makingheadway.org), which has provided aid for more than 1,000 families of children with brain and spinal tumors. The foundation provides support and well-being therapies at Hassenfeld, including massage and yoga therapy to relax parents and their children, and a clown to lighten the mood during treatment, as well as psychological and educational counseling and support groups once the child returns home.

“This extraordinary gift helps to ensure that NYU Langone will continue to be a world leader in pediatric neuro-oncology,” says William Carroll, M.D., director of the NYU Cancer Institute and the Hassenfeld Center. “Through the years, Ed and Maya have helped develop a program that emphasizes compassionate care for children and their families, and have unselfishly volunteered their time and energy toward a vision of the world where all children are cured of these dreaded diseases.”

Edward and Maya Manley in the waiting room of the Hassenfeld Children’s Center, where Mrs. Manley volunteers.



Club Med

NYU and Bellevue Launch a Bold Program to Lower the Rate of HIV Infection in New York City

The West Side Club, a gay bathhouse in Chelsea, may be the last place you’d ever expect to find a public health program, which is precisely why Dr. Demetre Daskalakis put one there. Dr. Daskalakis, assistant professor of medicine and an attending physician at Bellevue Hospital Center, is a specialist in infectious diseases. After learning that there was a 33 percent rise in HIV diagnoses from 2001 to 2006 among men under 30 in New York City who have sex with other men, he devised an improbable plan: establish an on-site clinic at two Manhattan bathhouses (the other is near Sutton Place) to provide full screening for STDs, including confidential — but not anonymous — HIV testing.

Under the Bellevue Hospital–NYU Langone Medical Center Men’s Sexual Health Project — the first of its kind in any New York City commercial sex venue — health screening is provided in a small room that formerly served a far less clinical purpose. Those seeking these health services are registered as Bellevue patients and then submit to a 40-minute screening and testing session usually conducted by Bellevue HIV counselors.

“Bellevue is the only hospital in the city that can do this,” explains Dr. Daskalakis, “because of its location between the two clubs, its proximity to New York City’s Public Health Laboratories, and its access to NYU’s research facilities.

“People who are unaware of their HIV status are



Dr. Demetre Daskalakis, shown working the night shift at the West Side Club, describes the Men’s Sexual Health Project as “a labor of love.” On World AIDS Day last year, he was one of four New Yorkers honored by Mayor Michael R. Bloomberg for his contribution to HIV prevention.

more likely to become transmitters of HIV than those who are not,” he says. Venues like the club, he adds, are “the right place to go to find some of the people who were not getting tested for HIV.”

The pioneering venture — part research project through NYU, part community health-screening program through Bellevue — operates out of these two locations five nights per week, testing as many as 85 patrons a month. All are offered condoms before they venture out into the shadowy corridors of the club, clad in bathhouse-issue white towels. In addition to

serving the bathhouse crowd, the project runs banner ads on a number of Internet “hookup” sites, which reach larger numbers of 18- to 29-year-olds, those most at risk for contracting HIV.

After Dr. Daskalakis leaves his Bellevue office for clinic duty, the openly gay physician trades his white coat for a T-shirt, jeans, and silver day-glo sneakers. His evening shift begins around 8:30 p.m. and can run until 3:00 a.m.

On a recent Friday night, the first visitor was a 40-something Asian-American who introduced himself as Jim. With techno music throbbing in the background, he received a rapid HIV test (negative), provided blood samples and swabs for further HIV and sexually transmitted infection tests, and answered a questionnaire about his sexual behavior and medical history. After Dr. Daskalakis confirmed Jim’s phone and e-mail contacts, he was given information about follow-up medical care. With the assistance of the NYU Center for AIDS Research, viral load testing is also performed to identify early-stage infections.

“We have a pleasant, long-term, preventative relationship with men who are otherwise spooked by the healthcare system,” says Dr. Daskalakis. “Best of all, we have determined that those who test with us more than once have fewer partners and practice safer sex.”

POINT OF VIEW

CHINA’S GREATEST OLYMPIC VICTORY

Beijing’s Triumph Over Air Pollution During the Olympics Was Local, But It May Have Global Health and Climate Implications

By George Thurston, Sc.D.

8/8/08, the opening of the Summer Olympics, was not an auspicious day in Beijing, at least in terms of air pollution. In the approaching days, toxins had risen to high levels, despite the control measures that began on July 21. As the games began, the Chinese government classified the air quality as “Good,” describing the smog that enshrouded Beijing as “mist.” Those of us who know what the actual pollution levels were, and who understand the potential health and performance implications it could have for athletes, considered these public assurances by the Chinese government and the International Olympic Committee a form of Orwellian “newspeak.”

While it’s true that the levels of air pollution were unusually low in Beijing in early August, that was primarily because Typhoon Phoenix passed to the east of the city, sucking clean air into the city from the north and east. This, combined with China’s success at lowering traffic emissions within Beijing, gave the city a brief respite from the heavy pollution that had been pouring in from the industrial heartland to the south.

But on opening day, pollution levels once again hovered around a Chinese Air Pollution Index (API) of 90. They pronounced that “Good” based on an old measure of air pollution called PM10 (for particulate matter that is 10 micrometers or smaller). Converting that value to the American

standard for fine particles (PM2.5), this is well into the “Unhealthy” range and nearly triple America’s daily legal limit.

Many wondered what all this would mean to the athletes. The ones thought to be most at risk were those competing in longer events — races of 800 meters or more. Indeed, in that first weekend, the press reported that one-third of all competitors dropped out of the long-distance cycling race, from the heart of Beijing to the Great Wall of China. Many cited the foul air as a cause.

Athletic performance is known to be inhibited by acute elevated pollution. Studies also indicate that some people are more adversely

affected than others, and there is little way for a person to know whether he or she is a pollution “responder” without comparative lung function testing. Reduction in lung function might result in reduced oxygen intake and potentially cause an athlete to cramp or “run out of breath” sooner than a competitor not similarly affected. Even a 1 or 2 percent decrease in performance could mean the difference between medaling or not.

But then something remarkable happened: the Beijing air cleared. The levels of air pollution lowered noticeably, even when the winds blew from the normally polluted central part of the country. Regional

air pollution control measures had finally begun to work, and the weather had also cooperated.

Can this Olympic victory over air pollution be sustained? Or will the Great Pall of China return unabated? At NYU, we’re watching closely to find out. The Department of Environmental Medicine is conducting studies in Beijing in collaboration with local researchers. These are based on the assumption that after the Olympics, air pollution will return to its usual extremely high levels in the city. We also assume that when we compare data on mice exposed to those returning high levels against data from these same mice exposed to

the lower levels recorded during the games, we’ll be able to more clearly discern any cardiac effects of Beijing’s pollution on these animals.

On the hopeful side, *The New York Times* recently reported that a professor at Feng University in China said: “Beijing residents, having enjoyed startlingly nice weather during the Games, will demand that officials find ways to keep the skies clearer.” Perhaps the Chinese government will be inspired to

continue its Olympian antipollution efforts — not just for special occasions in Beijing, but always and everywhere within its borders. For the contest against air pollution is not just a onetime event, but an ongoing multinational challenge with long-term global health and climate implications for us all.

Dr. George Thurston is a professor of environmental medicine and deputy director of the NYU Particulate Matter Research Center.

Despite promises from Chinese officials to keep the skies of Beijing clear of pollution during the Summer Olympics, the National Stadium — whose elliptical latticework shell earned it the nickname the “Bird’s Nest” — was enshrouded in smog on the opening day.



Lisa J. Silverman



LISA J. SILVERMAN has been appointed vice president for development and alumni affairs. She came to NYU Langone as a consultant one year ago and subsequently served as interim vice president. During this period, Silverman supervised a major campaign feasibility study, conducted a development benchmarking assessment, crafted a staffing plan to more than double the size of the Development Office, and led the planning for an upcoming capital campaign.

Prior to NYU, Silverman served as vice president of the consulting firm Community Counseling Services (CCS Fund Raising), where she provided service to The City College of New York, the United States Holocaust Memorial Museum, and Hebrew Union College.

At United Jewish Communities (UJC), Silverman was responsible for donor acquisition and retention and for conducting strategy consultations and training sessions with professionals and volunteers in 200 federations nationwide. At UJC's Jerusalem-based General Assembly Conference, she managed a team that coordinated travel logistics and security for 3,000 international delegates seeking to experience life in Israel. She has also served as a community consultant, organizer, and educator in the former Soviet Union.

Silverman holds an M.B.A. from NYU's Stern School of Business, where she was named a Stern Director's Fellow and Schering-Plough International Scholar, and a B.S. in public administration from the University of Arizona, where she was a Dr. Martin Luther King Jr. Distinguished Leadership Awardee.

CATHERINE SCOTT MANNO, M.D., has been appointed chair of the Department of Pediatrics. Dr. Manno was previously at the University of Pennsylvania School of Medicine and the Children's Hospital of Philadelphia (CHOP), where she held the Elias Schwarz Endowed Chair in Pediatric Hematology and served as associate chair of clinical activities in the Department of Pediatrics and as senior physician in the Division of Hematology.

At Penn and CHOP, Dr. Manno held an array of

key administrative posts, including president of the executive committee of the medical staff and cochair of the Clinical Translational Research Center Council. She also served as medical director of the Hemostasis and Thrombosis Center and the Comprehensive Hemophilia Program.

Dr. Manno has been the principal investigator of several clinical research studies in the area of hemophilia, most recently leading a Phase I study of gene transfer into the liver in subjects with hemophilia B. She has published widely on topics such as gene therapy for hemophilia, neonatal transfusion medicine, and bleeding disorders in children. She is a Fellow of the American Academy of Pediatrics, a member of the American Pediatric Society, and a member of the medical and scientific advisory committee of the National Hemophilia Foundation.

She earned the Teacher of the Year Award at CHOP and at Penn, the Blockley-Osler Award for Excellence in Clinical Teaching, and the Christian R. and Mary F. Lindback Award for Distinguished Teaching.

Dr. Manno holds an A.B. in zoology from Duke University and an M.D. from Hahnemann Medical College, where she was inducted into the Alpha Omega Alpha Medical Honor Society. She



Catherine Scott Manno, M.D.,

completed her residency in pediatrics at St. Christopher's Hospital for Children in Philadelphia and fellowship training in pediatric hematology-oncology at CHOP.

Dr. Manno replaces Benard Dreyer, M.D., professor of pediatrics, who has served as acting chair since July 2007.

MICHAEL P. RECHT, M.D., has been appointed chairman of the Department of Radiology. Dr. Recht comes to NYU from the Cleveland Clinic, where he was chair of the Department of eRadiology and chair of the Department of Business Development of the Cleveland Clinic's Imaging Institute. eRadiology, a relatively new discipline engendered by the development of digital imaging in place of the traditional films, has opened the way to remote diagnosis and collaborative interpretation by experts from different sites.

A leader in this field, Dr. Recht is not only a master of various radiologic technologies,

such as computer-assisted tomography (CT) and magnetic resonance (MR) imaging, but also an expert in such issues as the reliability and speed of Internet transmission of CT and MR images.

A prolific author whose work appears regularly in prestigious peer-reviewed journals, Dr. Recht is also a distinguished teacher who has taught postgraduate courses around the globe. He has chaired the research committee of the Society of Skeletal Radiology, the musculoskeletal



Michael P. Recht, M.D.,

committee of the American College of Radiology Imaging Network, and the sponsorship committee of the International Skeletal Society. His honors include the Norman Glazer Resident Teaching Award at the Cleveland Clinic Foundation and the 2001 President's Award from the International Skeletal Society.

Dr. Recht earned a B.S. in life sciences, summa cum laude and Phi Beta Kappa, from the University of Pittsburgh, and an M.D., Alpha Omega Alpha, from the University of Pennsylvania School of Medicine. He completed his internship in medicine at the Graduate Hospital of Philadelphia and his residency in diagnostic radiology at the Hospital of the University of Pennsylvania, where he was chief resident. He completed fellowships in angiography/interventional radiology (also at Penn), magnetic resonance (at the NMR Institute, University of Pittsburgh), MR research (at Siemens UBMED in Germany), and osteoradiology (at the University of California at San Diego).

(continued from page 1)

MULTIPLE SCLEROSIS CODIRECTORS: Joseph Herbert, M.D., associate professor of neurology (neurorehabilitation/MS); James Salzer, M.D., Ph.D., professor of cell biology and neurology This center pursues causes of and cures for multiple sclerosis, a chronic inflammatory disease of the central nervous system, by integrating the efforts of nationally recognized experts in neuroimmunology and neurobiology, MS clinical care and clinical research, and neuroimaging.

MUSCULOSKELETAL DISEASE

CODIRECTORS: Steven Abramson, M.D., professor of medicine and pathology, and director, Division of Rheumatology; Joseph Zuckerman, M.D., Walter A. L. Thompson Professor and chairman of Orthopaedic Surgery The center builds on expertise at NYU School of Medicine and NYU Hospital for Joint Diseases to focus

on arthritis, autoimmunity, and the repair/regeneration of musculoskeletal tissues. Conditions and diseases of the muscles, bones, and joints are the number one cause of disability worldwide.

UROLOGIC DISEASE CODIRECTORS: Herbert Lepor, M.D., professor of urology and Martin Spatz Chairman of Urology, professor of pharmacology; Tung-Tien (Henry) Sun, Ph.D., professor of cell biology, Rudolph L. Baer Professor of Dermatology, professor of pharmacology and urology; Xue-Ru Wu, M.D., professor of urology and pathology The center brings together 34 basic scientists and clinicians from 12 academic departments to discover and implement innovative treatments for prostate cancer (the most common cancer in American males), bladder cancer, urinary tract infection, and kidney stone disease.

Quitters All—and Mighty Proud of It

For Employees Who Want Their Life to Be A Smoke-Free Zone, NYU Offers Help

After being hooked on cigarettes for 40 years, it seemed unlikely that Cate Shine was ever going to quit. The NYU catering manager had tried to kick her two-pack-a-day habit nearly a dozen times, either cold turkey or with the aid of the nicotine patch. But each time, in less than a week, the cravings would return, becoming so unbearable that she would light up again. "I wanted desperately to quit," she says. "I just didn't know how."

Turns out, all Shine needed was a little help. She found it in November 2007 at the Employee Smoking Cessation Program, a collaborative effort of the Employee Reach for Wellness Program and the Joan and Joel Smilow Cardiopulmonary Rehabilitation & Prevention Center. For a fledgling program, its results are impressive: half of its one dozen participants to date — Shine was the first — are proud to call themselves "ex-smokers" only one month after their quit date.

"Less than 10 percent of smokers who try to quit on their own succeed," explains Ana Mola, R.N., a nurse practitioner and program director at the center. "That's why we're here to help. No one should have to go through this on their own."

Shine took what experts call "the biggest step" when she attended an information session last fall. But like many first-time visitors, it took her a couple of months to commit to a quit date. "Quitting smoking is a process," says Bette Jean Rosenhagen, a senior social worker for the program. "It takes time for the typical smoker to prepare for a quit date and commit to one."

What heartens the team is that more and more employees are showing up months after they first dip their toe in the water. In light of that, the program generates a steady stream of e-mails and conducts open houses at the center to remind employees that this priceless resource is available free of charge. Thanks to the program's visibility, convenient location, and supportive atmosphere, notes Jonathan Whiteson, M.D., codirector of the center, "it's hard for employees to ignore us."

What's more, it couldn't come at a better time. Ever since New York City's latest cigarette tax hike in June brought the price of a pack to nearly \$10, enrollment has increased 10 percent, a trend the center expects will continue into next year.

The center relies on a two-pronged approach — behavioral counseling and nicotine-replacement therapies or medications — found to be the most effective treatment for nicotine addiction. Participants typically start counseling a week or two before their target quit date. During that time, they mentally prepare by discussing what spurs them to light up, and how they can substitute those stressors with healthier patterns of behavior. "It is all about triggers," says Dr. Whiteson. "Some people smoke every time they have a cup of coffee or talk on the phone. The goal of counseling is to make those subconscious triggers become conscious."

During the month after the quit date — the most likely period for a relapse — participants may receive counseling as often as every day to help them stay focused and resolved, but most only need to come in once or twice a week. Those with a habit exceeding 10 cigarettes a day are often prescribed medication, including over-the-counter nicotine-replacement therapies and the prescription drugs Zyban (bupropion) and Chantix (varenicline), to help reduce the symptoms of withdrawal.

The dual approach certainly worked for Shine, who smoked her last cigarette on March 2 and wore a nicotine patch for six weeks to help wean her off tobacco. "It wasn't easy — and it still isn't," she admits. "But they made it easier. I don't know if I would have been able to do it without them."

For more information, call 212-263-6129.



By kicking the habit, Cate Shine expects to save \$5,000 a year — "my pot of gold," the Irish-American catering manager calls it. "It's already spent," she says, "on a wonderful cruise I took in May."

BEHIND THE SCENES

ROUND AND ROUND SHE GOES...

The technical term for them is “helicoidal risertreaders,” but most of us know them simply as spiral staircases — even though that’s a misnomer. Rather than curling into tighter and tighter circles as they ascend or descend, they more closely resemble a corkscrew. Charming, elegant, and ingeniously space-saving, these winding whimsies grace not only lighthouses and libraries, belfries and jumbo jets, but also several buildings on campus.

The most visible and modern of them soars — or plunges, depending on your point of view — at the eastern end of the Joan and Joel Smilow Research Center, where it links the top three floors, home of the NYU Cancer Institute. A dizzying delight, it affords majestic views of the East River and swaths of Queens and Brooklyn.

Researchers in the Skirball Institute of Biomolecular Medicine may not amble up and down in quite as much style, but they can boast two spirals: one leading from the first floor to the second and another connecting the fourth and fifth floors. Perhaps the most unexpected spiral staircase is the one in the OR suite of Tisch Hospital. To allow medical personnel to dine within this infection-controlled environment without having to change in and out of their scrubs, curving steps within a glass-brick wall connect the sixth-floor surgery suite to a small cafeteria one floor below.

Other spiral staircases on campus are less fanciful, but more mysterious. One in the penthouse of the Perelman Building connects two mechanical rooms. In Tisch’s seventh-floor Respiratory Care Department, Administrative Director Jim Ruggio has to climb a similar iron spiral to reach his office. Installed to create an open feeling in what was formerly an outpatient area, the staircase now serves a less noble purpose — it’s where Ruggio keeps his files.



IN FOCUS

Center of Excellence on Brain Aging and Dementia

When Mr. M. is asked about his wife, he smiles affectionately and says, “She’s a 10 . . . she has always been a 10!” At 82, Mrs. M. continues to capture her husband’s heart, but one can sense the burden he carries. Three years ago, Mrs. M. was diagnosed with mild-to-moderate Alzheimer’s disease.

An estimated 5.2 million Americans have Alzheimer’s, and 19 million have a family member with the disease. By 2050, the number of cases of dementia will triple to 16 million. When a study by MetLife asked Americans 55 and older “Which disease are you most afraid of getting?” one-third responded “Alzheimer’s.” Although our understanding of the disease has deepened significantly in the last decade, yielding breakthrough treatments, presently there is no cure.

Ever since the high prevalence of Alzheimer’s was first recognized in the 1970s, NYU has been at the forefront of research into its causes, early detection, and treatment. “Given that a dementia epidemic looms, there’s no better time to mobilize NYU’s diverse expertise in a concerted effort,” says Ralph Nixon, M.D., Ph.D., director of the new Center of Excellence (COE) on Brain Aging and Dementia. The COE integrates various components of NYU’s former Silberstein Institute with other related research and specialty clinics, resulting in one comprehensive center focused on neurodegenerative diseases affecting cognition.

More than 3,000 patients have undergone research assessments at the COE’s NIH-supported Alzheimer’s Disease Center, led by Steven Ferris, Ph.D., professor of psychiatry, and its affiliated Center for Brain Health, headed by Mony de Leon, Ed.D., professor of psychiatry. At both centers, numerous ongoing research studies aimed at developing new approaches to early diagnosis and treatment are in effect. Patients like Mrs. M. receive outpatient care at the COE’s Pearl Barlow Center, which provides a uniquely comprehensive memory evaluation by a team of neurologists, psychiatrists, and internists. These patients have access to state-of-the-art research technology for early

detection of memory impairment. Using sophisticated brain scans that search for disease-causing amyloid deposits and analysis of genetic markers in cerebrospinal fluid, researchers can discriminate between normal aging and early memory impairment.

Once diagnosed, Alzheimer’s patients may receive breakthrough treatment and be given the option to participate in ongoing clinical trials. Many of these treatments, including immunotherapy that removes toxic amyloid from the brain, are based on discoveries made in the COE’s internationally recognized laboratories. In other COE clinical centers, a growing number of treatment options are available to patients with Parkinson’s disease and atypical dementias.

“Early detection, accurate diagnosis, and effective treatment are crucial to slowing the progression of Alzheimer’s and improving quality of life,” explains Dr. Nixon, professor of psychiatry and cell biology. “We also educate patients and families on risk factors and risk-lowering strategies, such as maintaining cardiovascular fitness, a heart-healthy diet rich in antioxidants and phytochemicals, and depression/stress reduction, to help forestall future cases.”

Every three months, Mrs. M. travels from Pennsylvania to the COE, where she’s participating in a clinical trial for a drug that blocks a brain receptor believed to play a role in the progression of Alzheimer’s. While it’s too soon to know the outcome, Mr. M. says that his wife’s disease has not progressed. Just as important, she has renewed optimism. For a family that has endured Alzheimer’s for at least two generations, such good news is welcome and heartening.

In this issue, News & Views highlights two of the six new Centers of Excellence: the COE on Cancers of the Skin and the COE on Brain Aging and Dementia. Other centers will be featured in future issues.

News & Views is published for NYU Langone Medical Center by the Office of Communications and Public Affairs. Readers are invited to submit letters to the editor, comments, and story ideas to thomas.ranieri@nyumc.org.

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Dean & CEO, NYU Langone Medical Center

HAROLD S. KOPLEWICZ, M.D.
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News & Views

THOMAS A. RANIERI, *Editor*

MARJORIE SHAFFER, *Science Editor*

R.H. DESIGN, *Art Direction*

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IN FOCUS

Center of Excellence on Cancers of the Skin

Florence Samitt, 71, of Montville, New Jersey, fondly reminisces about the 10-day vacations in Aruba she used to take with her family every year. But when she thinks about whether those sunny days in the Caribbean contributed to the melanoma she was diagnosed with in 2004, the memory becomes bittersweet.

Skin cancer is the most common cancer in the United States, with more than 1 million cases diagnosed annually. Melanoma, the deadliest type, is increasing in numbers faster than any of the five most common forms of cancer. This alarming incidence explains why melanoma is a focus of NYU’s new Center of Excellence for Cancers of the Skin.

Samitt’s melanoma progressed to an advanced stage the year after her diagnosis. But one year later, in April 2006, she began an immune vaccine trial at the NYU Clinical Cancer Center that has prevented the tumor from recurring. “At one point, I was very down and didn’t know if I would make it to my next birthday,” she says. “Now I’m optimistic. I never say that I’m cured, but I think of myself as surviving.”

“Mrs. Samitt has every reason to be hopeful,” says medical oncologist Anna Pavlick, D.O., assistant professor of medicine and dermatology. “After three years without a recurrence, the chance of melanoma returning now decreases with time.” Samitt was given a second chance by a novel vaccine approach that has not been approved yet but has been undergoing trials around the world. Nina Bhardwaj, M.D., Ph.D., director of NYU’s Tumor Vaccine Program, explains that three different vaccine trials have been conducted so far; two more are planned for next year.

Melanoma vaccines are just one of the cutting-edge therapies that make NYU Langone Medical Center well equipped to fight cancer. A unique resource, explains Seth Orlow, M.D., Ph.D., chairman of the Department of Dermatology, is a database and repository of extensive clinical and pathologic data. Its more than 8,000 biospecimens from 1,000-plus melanoma patients — including Florence Samitt — are used for ongoing research and development of therapeutic protocols.

Other current clinical trials involve the use of the antimalarial drug chloroquine to prevent DNA damage from ultraviolet rays, and the use of an optical imaging device to distinguish between benign moles and deadly melanomas. Once the device is perfected, Dr. Orlow hopes it will help doctors more accurately choose which spots are likely melanoma and must be cut out. At the cellular level, researchers are investigating a host of questions, such as why some people get more skin cancers.

More than 20 years ago, NYU dermatologists championed a widely used guideline, updated in 2004, for recognizing skin growths that could be early melanomas. Such efforts are possible, says Dr. Orlow, because “our center is without walls, benefiting from a multidisciplinary and collaborative team.”

Only a few years ago, medicine had little to offer Florence Samitt beyond excising her melanoma, except for alpha interferon, which does not improve the overall survival rate, says Dr. Pavlick, though it may delay a melanoma from coming back for a few months. Today, interventions like the vaccine Samitt received are among the greatest hopes medicine can offer people with melanoma. “Here I am surviving,” says Samitt. “I dodged the bullet.”